

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>			
<b>FORMALITY REVIEW</b>	<i>LLY</i>	<i>1091</i>	<i>12-05-01</i>
<b>RESPONSE FORMALITY REVIEW</b>	<i>LLY</i>	<i>1091</i>	<i>02-15-02</i>

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
1	1/15/01
2	2/2/01
3	3/3/01
4	4/4/01
5	5/5/01
6	6/6/01
7	7/7/01
8	8/8/01
9	9/9/01
10	10/10/01
11	11/11/01
12	12/12/01
13	1/13/02
14	2/14/02
15	3/15/02
16	4/16/02
17	5/17/02
18	6/18/02
19	7/19/02
20	8/20/02
21	9/21/02
22	10/22/02
23	11/23/02
24	12/24/02
25	1/25/03
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If more than 150 claims or 10 actions  
staple additional sheet here

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617  
12-5-01  
838  
5/2/5/02